

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN635HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/14/2009
NAME OF PROVIDER OR SUPPLIER CARSON TAHOE REGIONAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 MEDICAL PARKWAY CARSON CITY, NV 89703		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>Surveyor: 23119 This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 10/8/09 and finalized on 10/14/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00023307 was partially substantiated with a deficiency cited. (See Tag S 117)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000		
S 117 SS=E	<p>NAC 449.325 Infections and Communicable Diseases</p> <p>2. A hospital shall designate at least one person as an infection control officer, who shall develop and carry out policies governing the control of infections and communicable diseases. This Regulation is not met as evidenced by: Surveyor: 23119 Based on observation and interview the facility</p>	S 117		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 117	<p>Continued From page 1</p> <p>failed to ensure infection control practices were consistent for staff re-using surgical masks for patients in isolation rooms.</p> <p>On 10/8/09, observations and interviews were conducted throughout the facility. No consistency was noted in how the used surgical mask was preserved for repeated use by nursing staff. There was no policy regarding re-use of the surgical masks while caring for a patient in isolation.</p> <p>Severity: 2 Scope: 2</p>	S 117			

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